FOR STATE HEALTH DEAT.

16201

O DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO DEPUTY MED

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

									I O	a (1 1)	
1. PLACE OF DEATH				2	USUAL RESIDEN	CE (Where det			esidence	before ad	missior
Somera	at		MARYLA	ND	a. STATE	Tan d	b. GOU	Some	2000	de	
b. CITY DR TOW	N (If outside corpora	ite limits,	c. LENGTH OF STAY IN		CITY OR TOWN (I	foutside cor	porate limits, w				t town
	and give nearest to		Life time		DA b p	minon	ss Anne			101	/
d. NAME OF HOS	PITAL OR INSTITUTE	ON (if not in h	ospital, give street add	ress) d	STREET ADDRESS		2000 2211111	J.	6	, IS RESI	DENC
										ON A FA	
											NO 🔼
3. NAME OF DECEASED (Type or print)	Noses	Thoma	Middle a Bacon		Last	4. DATE OF DEATH		-66	Day	Year	
5. SEX	6. CDLDR DR RACE	7. MARRIED	NEVER MARRIED	8,	DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HR
male	colored	WIDOWED.	DIVORCEO	7	-12-1873		O 2 Yrs.	Montas	uays	Hours	MID.
1Da. USUAL DCCUPAT	IDN (Give kind of work		IND DF BUSINESS OR		1. BIRTHPLACE			12. C	ITIZEN	OF WHAT	
		ed)	NDUSTRY		C				DUNTRY	7	
13. FATHER'S NAM	d Comman	1		1 12	Somerge MOTHER'S MAII	DEN NAME	nty	TIS	140		
				1.							
Pronic	VER IN U.S. ARMED F	DDCER2 10	COOLAL CECCULITY NA	13 (8)	Unkonw	n	Addre	100			
(Yes, no, or unkown)	(If yes give war or dates	of service)	SOCIAL SECURITYND.	17. INI	THAMAN		noon	333			
no				Day	selater C	Tope	Becon 4	P15 1 50	idat	c Az	nina
	The state of the s	-	ine for (a), (b), and (c).])					INTE	RVAL BET	WEEN
PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Ce	rebrel thr	comb	ogis					DOUR	
332	X DUE								,		
Conditions, If	1		rebral art	Terri	oscloros	18			TER	nnn	
geve rise to		10				ate to			0		
cause (a), si underlying caus	aring the										
		DNS CONTRIBL	TING TO DEATH BUT NOT	TRELATED	TO THE TERMINAL	DISEASECON	DITIONGIVENII	YPART 1(a)	119.	WAS AUT	TDPSY
		0000	, , , , , , , , , , , , , , , , , , ,	1111111111111	10 1110 1 11111111111				ve	PERFORM	MED?
0 500	Caller Was	l Abb f	Food DE HOW MINE	- Continu	TD 40-14-14	6 Indiana In D	and I am Brid III	of Name 15		S I	ND T
PART II. OTHER S 20a. EXTERNAL PRIMARY OF CAUSE OF DEAT	CONTRIBUTING [2Db. 1	DESCRIBE HOW INJURY	OCCURRI	ED. (Enter nature o	it injury in Pa	art 1 or Part II	or 119m 18	-)		
정 20c. TIME DF	NJURY Month, Day,	Year 20d. I	NJURY DCCURRED 20e	e. PLACE	DF INJURY (Home, f		(City or town)	(Coi	unty)	(\$1	tate)
20c. TIME DF Hour a.n		While	Not While at work	factory,	treet, office bldg.,	etc.)					
				a halda	n Autonou [7]	Inopostio	n Feb Inc	ules []	and	In mu n	ninin
			ains described above			Inspectio		uiry [],	energy.	in my o	טווווענ
death result	ed from: Natura	l causes 🔀	, Accident,	Suicid	e [], Homic		Undetermine	manner			
ACTUAL	111/00	1//	4-4- W	0.	CHIEF MEDICA				20	DATES	ICHE
SIGNATURE	Velle	64/6	Thetha		I.D. ASSISTANT ME	DICAL EXAM	INER				
EXAMINER'S	Everett S	Jan Ste Harrison !	177		DEPUTY MEDI	CAL EXAMINE	R		11-	7-66)
[NAME (Type)							, or county)				
23a. BURIAL, CREM REMDVAL (Spe	ATION, 23b. DATE	THEREDF	23c. NAME OF CEM	ETERY DE	CREMATORY	23d. LD	CATION (City,	town or co	unty)	(Sta	ate)
	77 0	-66	John Was	ley.							1
24. FUNERAL DIRE	CTDR		ADDRESS				STRAR 25b.	EGISTRAR	'S SIGN	ATURE	
1211111	am H Jame	RE TIT	Princess	Anna	DATE	NOV 14	1 1966	Jalio	recen	Jud	ge

FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 2. hours after death. If any deay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18, Cive Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form T.M. Page 5 may be retained for your files.

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VR A15ME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH

YLAND

Division of ST	ATISTICAL RESEAR	CH AND RECORDS,	301 W. PRESTON S	TREET, BALTIMORE	1, MAR
16202	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	162
BI HOP OF DEEMS		11	. Proper and the same as	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Resi	dence batora admission)
	•. COUNTY Somerset MARYLAND	11012 // 2011111	merset
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest fown)
	(Rural) Pocomoke	(Rural) Westover	19.1
A	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
U	Rt. 13, 2 mi. North of Pocomoke	Rt. 1, Box 25	YES NO
	DECEASED	OP	ey Year
	(Type or print) STANLEY JAMES	BISHOP DEATH NOV. 4	1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE/	
Ц	Male Negro WIDOWED DIVORCED .	Jan. 29, 1909 [ast birthday] Months Doy	Hours Min.
	10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign sountry) 12, CITIZEN	OF WHAT COUNTRY?
	Laborer Construction	Maryland US	A
	13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Benjamin Waters	Clara Bishop	
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
П	[Yas, no, or unkown] (Ifyesgive-warordetesoiservice)	ilda Hayes	
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)		INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (*) Compound frac	ture of skull	nstant -
	DUE TO		aneous
	Conditions, if eny, which \ (b) Automobile ac	cident	
	geve rise to Immediate ceuse [e], stating the underlying DUE TO		
	cause last. (c)		
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	
7	AT THE STATE OF TH		YES NO [7]
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Entar nature of injury in Part I or Pert II of item 18.)	
		ccident	
- 1	20e. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA Hour XX Nov 4 19 66 al work at work 1 Rt.	CE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
	Hour Kar Nov. 4 19 66 all work Not While Rt.	13 (near) Pocomoke	Md.
1	21. I certify that I took charge of the remains described above, he	old an Autopsy , Inspection , Inquiry , a	nd in my opinion
	death resulted from: Natural causes . Accident X, Suice	ide, Homicide, Undetermined manner	
	and a	CHIEF MEDICAL EXAMINER	
	SIGNATURE / Cawley	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
		DEPUTY MEDICAL EXAMINER 2 11	/8/66
2	NAME (Type) G. G. Hawley		eld,Md.
	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)		(Stete)
	Burial 11/10/66 Tinleys Cem		Md.
	23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	ATURE
	Anthony E. Ward Crisfield, Md	. NOV 14 1966 yerrantes y	

36 75 75 75 application of the states when the province we have the enthe factor of the state of the work of the , and , and a serious last

1 (M)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
16202

_								-			
1.	PLACE OF DEAT a. COUNTY			2.	USUAL RESIDENCE		1 0.0114	UTV _			
		Somerset	MARYLAI		Mai	yland		-		rset	
	b. CITY OR TOY	YN (if outside corporate limit: L and give nearest town)	s, c. LENGTH OF STAY IN	1b c.	ITY OR TOWN (If	outside cor	porate limits, wr	ite RURAI	L and gh	re neares	t town)
		Land give mearest town)	39 Days		Cris	fiel	d		1	9-1	
	d. NAME OF HO	SPITAL OR INSTITUTION (if no	ot in hospital, give street addi	ess) d.	STREET ADDRESS					ON A F	IDENCE FARM?
	McCres	dy Memorial	Hospital		Lawsonia	ì.	RFD		,	YES 🗌	NO K
3.	NAME OF	First	Middle		Last	4. DATE	Mont	h	Day	Yea	ır
	(Type or print)	Lydi	a Mae		rockett	OF DEATH	27 400 4		25	19	66
5.	SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	7 8. D	ATE OF BIRTH	9.	AGE (In years	IF UNDER			
-	emale	White WID	OWED TO DIVORCED	De	. 24, 188	31	last birthday) 84 yrs.		Days	Hours	Min.
10	a. USUAL OCCUPA	TIDN (Give kind of work done 1 king life, even (f retired)	LDb. KIND OF BUSINESS OR	1.3	BIRTHPLACE (Co	unty & State,	, or foreign country	1) 12. 0	OUNTRY	OF WHAT	
an	Housewi:	king life, even if retired)	At Home		Crisfield,	Md.			S.A		
13	FATHER'S NAM				MOTHER'S MAID						
		Frank Maddr	ix	- "		nda Ta	wes				
15	5. WAS DECEASED	EVER IN U.S. ARMED FORCES?	1 16. SOCIAL SECURITY NO. 1	17. INFO	RMANT		Addre	SS		-	
(Y	es, no, or unkown)	(If yes give war or dates of service)	None	Georg	ge T. Croc	aleatt.	00 me 0 =	2 01	had .	horre	
_					se r. orog	JACOU,	Same as	4.6			
		DEATH [Enter only one cause	per line for (a), (b), and (c).]	A					ONS	RVAL BE	DEATH
	PART I. D	EATH WAS CAUSED BY: ,IMMEDIATE CAUSE (a)	Coulrest 7	lerm	160515				3	9 00	346
	222	Y									7-
	One distance of	DUE TO	Mail his	12.	seleros	*			14	land	-
	Conditions, If		Jaery Will	erio	receros	115			1		
	cause (a),	0115 70									
	underlying cau										
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT	RELATED	TO THE TERMINAL D	ISEASE CON	DITION GIVEN IN	PART 1(a)		WAS AU PERFOR	
문				00000-05	/F 4	1-1 1- P	and I am Don't II	of 16 am 11	1	.3	по
CERTI	OR CONTRIBUT	T WAS UNDERLYING 2 TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY	OCCURRE	. (Enter nature of	injury in ea	art s or Part II (or Ideal To	0.)		
			2Dd. INJURY OCCURRED 2Dd	PLACE O	F INJURY (Home, fa	rm. 20f-	(City or town)	(Cc	unty)	(5	State)
MEDICAL	Hour a.	,	While Not While	factory, st	reet, office bldg., el		(,				
Æ		.m. 19 a	it work at work								
	21. I certi	ify that (!) (this hospital) a	ttended the deceased from	n_/0	-/7 , 19	166, to.	11-2	5 , 194	ela, ti	nat (1) (v	ve) last
	saw the de	eceased alive on Nov	25 19 66 and	that dea	th occurred at	2, A.M., fr	om the causes	and on	the dat	e stated	above.
	22a. SIGNATI	JRE						22b.	DATE SI	GNED	
		(1) Ra	ular		TTENDING TE	MED.	STAFF PHYS.				
	22c. PHYSICI NAME (1	AN'S C. G. RE	awley, M.D.		22d. ADDRESS	Cris	field,	Mar	ylar	ıd	
23	a. BURIAL, CRE	MATION. 23b. DATE THEREO	F 1 23c. NAME OF CEM	ETERY OR	CREMATORY	1 23d. LC	OCATION (City, t	own or co	ounty)	(S	tate)
1	REMOVAL (S						sfield,				
2	4. FUNERAL DIR	ECTOR	ADDRESS		25a. REC		STRAR 25b. R	EGISTRAF	R'S SIGN	ATURE	
		DI GURINA O	Sons - Crisfi	CLU ₉	MICH NO	199	JULK V	men	UNG Y		-

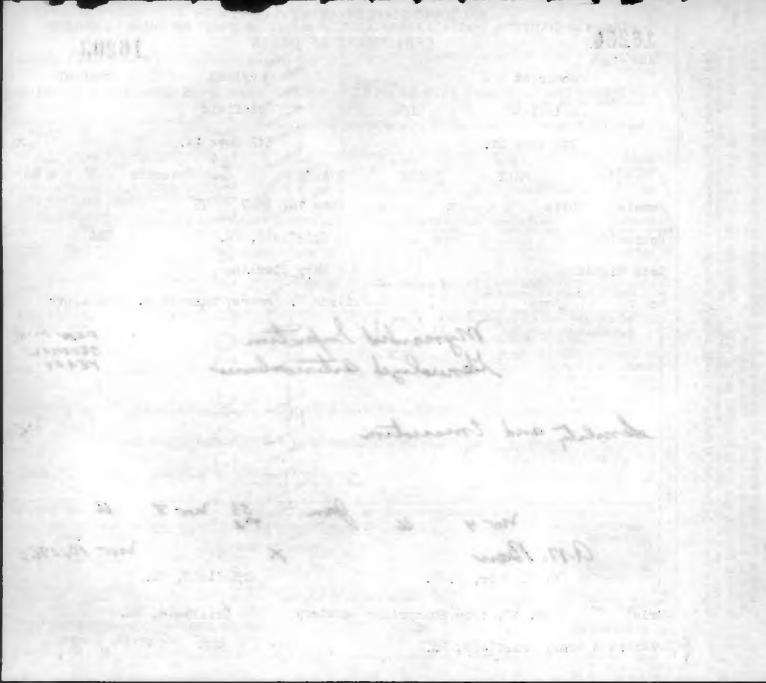
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permits then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or centoval, and in any event, within 72 hours after death?

> VR A15 (4) 2DM 1/65

MARYLAND STATE DEPARTMENT OF THEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	10204			CERTIFICAT	E OF DEATH		1	620	3		
1.	PLACE OF DEATH a. COUNTY	Somerset		MARYLAND		E (Where d	eceased lived, If institute b. COUNTY		idence b		ission)
	b. CITY OR TOWN write RURAL	(if outside corporal and give nearest tow Crisfield	e limits, n)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside co Lafiel		RURAL ar	/	9.1	
	d. NAME OF HOS	312 Cove		hospital, give street address		2 Cove	st.			S RESION A FAI	
3.	NAME OF DECEASED (Type or print)	fi MAF	rst RY	Middle JANE	Last EVANS	4. DATE DF DEAT	H November		Oay 8	Year 19 6	6
F	sex Temale	6. COLOR OR RACE White	7. MARRIE	O IVORCEO	S. DATE OF BIRTH June 16, 188	9	AGE (in years lift years lift years) yrs.]	Min.
F	lousewife	,	done 10b.	KIND OF BUSINESS OR INOUSTRY NOTE	Crisfield	, Md.	te, or foreign country)	12. CIT	IZEN OF NTRY?	WHAT	
	FATHER'S NAM Seth Rigg				Mary Ster						
(Y		VER IN U.S. ARMED FO (If yes give war or dates o None			informant ilson L. Some	ers, S	Address Same as 2.	abed	_		
		DEATH [Enter only on ATH WAS CAUSED BY IMMEDIATE CAUSE	n	line for (a), (b), and (c).]	Interition				ONSET	AND DE	EATH
	Genditions, If	OUE any, which }		nerolinet 4	Entervale	neis			rea Vea	KS .	
NO	cause (a), st underlying caus	ating the OUE	(c)	BUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL I	DISEASE CO	NDITION GIVEN IN PA	ART 1(a)		VAS AUT	
CERTIFICATION	Leni	was underlying of the course of dear the course of dear the course of dear the course of dear the course of the co	1 2	DESCRIBE HOW INJURY OCC					YES	ERFORM N	IN/S
MEDICAL CER	2Dc. TIME OF L	INJURY Month, Day, n.	Year 20d.	e Not While fac	ACE OF INJURY (Home, fa tory, street, office bldg., e		(City or town)	(Coun	ty)	(St	ate)
ME		v that (I) (this hos	at wo pital) atten UV: 4	ded the deceased from	Jan , 1 at death occurred at 2	9 <u>53</u> , to		, 19 <i>66</i> nd on the	e date	stated a	
	22a. SIGNATUI 22c. PHYSICIA	an. 13	an	M	.D. ATTENDING PHYS. 1 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	22b. OAT	TE SIGN	, 196	16
	NAME (T	ype) A. N.		M. D.			ield, Md.	AD DE COMO	its/	(Sta	ite)
B	a. BURIAL, CREM PEMOVAL (SPE UT18] FUNERAL DIRE	Nov. 1		6 Sunnyridge C	emetery	Cr	isfield, M	id.			
		Sons, Cri	sfield		NOV]		66 yelia	res &	udg	R	

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16205

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VR A15 (4) 20 M 1/66

CERTIFICATE OF DEATH

16204

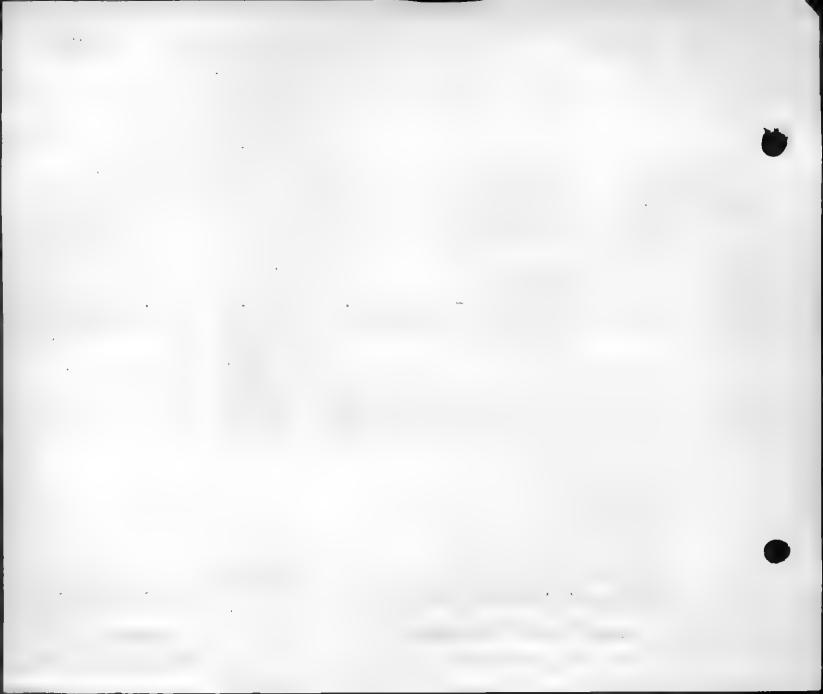
				1 7 7	(1)
	PLACE OF DEATH O. COUNTY Somerset	MARYLAND	A STATE	where deceased lived, if institution: Resince b. COUNTY So	idence before odmission) merset
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	iside corporote limits, write RUKAL ond	give neorest town)
(d. NAME OF HOSPITAL OR INSTITUTION (If not in Britt's Mursing		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF First	Middle th Henderson Hor	Lost	4. DATE Month OF DEATH NOV. 11	Doy Year
5. 5	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH Sept.3,188	9. AGE (In years IF UNI	DER 1 YEAR IF UNDER 24 HRS.
10o. duri	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		& State, or foreign country) 12	COUNTRY?
	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
_	Stephen Beauchamp			Adams	
1S. (Ye	WAS DECEASED EYER IN U.S. ARMED FORCES? as, no, or unknown) (If yes give wor or dotes of set	nicol	nformant rvey Hende	rson, Bethesda	, ^m d.
	1B. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (o)	per line for (q), (b), and (c).)	beaut 4	reme	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave itse to immediate cause (a), stating the underlying cause DUE TO	Church myorne	auto Clara	a det hepliele,	
	last. (c)	arthetic to	Jun 4 3.0		
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT		THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in I	Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19		CE OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (Stote)
	saw the deceased alive on	al) attended the deceased fram_ 19, and tha	t death occurred at	M, from causes and a	19 66 , that (I) (we) las n the date stated above
	Laure Coul	boun no m		MED. STAFF DIRECTOR PHYS. D	. DATE SIGNED
	22. PHYSICIAN'S MAME (Type) Marion	sto mil	22d. ADDRESS		
E	Burial, (REMATION, REMOVAL (Specify) Nov.13.	1966 Rehobeth Ba	aptist	23d. LOCATION (City or Yown) Rehobeth, Som	
2	FUNERAL DIRECTOR	Princess Anne	Md. 2So. RECD	NOV 1.5 1966	Clarles Oute

FOR STATE TO DEPUTY EXPICAL EXAMINER: This certificate should be executed within 24 hours after death. If any exist is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit page; file pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and may event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1620	g Mi	EDICAL	EXAMINE	R'S	CERTIF	ICAT	E OF	DEAT	(H)	14	5205	
. PLACE OF DEA	ATH			1 2	. USUAL RI	ESIDENC	E (Where d			tion: Resid	dence before	edmission)
o. COUNTY	Somerset	,	MARYLAN	ID I	e. STATE	Mar	yland	ь. с	OUNTY	Some	rset	
	N (if outside corporete tim	its, c.	LENGTH OF STAY IN		c. CITY OR	TOWN (If	outsido con	porete limits,	write RUR	Al ond glv	ve neerest to	wn]
Write RUKAL	end give neerest town) Crisfiel	d	Adult lif	e		Cri	sfield	đ			100	
d, NAME OF HO	SPITAL OR INSTITUTION		l, give street eddress)		d STREET A	ADDRESS	-					RESIDENCE
Aboard Dr	edge Boat of	f Crisf	ield water	s		31	Burto	n Ave.				NO C
3. NAME OF	First		Middle	'	Lest		4. DATE		lenth	De		er er
DECEASED (Type or print)	CLAYTO	n	SAMUEL	HC	WARD		OF DEATI	Nove	mber	1	19	66
5. SEX			NEVER MARRIED		DATE OF BIRTH	1	15	9. AGE (In y		NDER 1 YEA		R 24 HRS.
Male	White	WIDOWED [-	ly 10.	1900		last birthd	ey) Mor	nths Dey:	s Hours	Min.
10a. USUAL OCCUR	ATION (Give kind of world	k 10b. KIND	OF BUSINESS OR IND						- 1	2. CITIZEN	OF WHAT	COUNTRY
	working life, even if retire	od)	food	Ì	Mario		_			USA		
Waterman		568	100a	1 1/	MOTHER'S			u		OUR		
Samuel H	farta mal				Mary							
15. WAS DECEASED	EVER IN U.S. ARMED FOI	CEST 16, 50	CIAL SECURITY NO 1	17 IMI	FORMANT	rat.Su	GLI	A.4	dress			
(Yes, no, or unkown)	(Ifyesgiveworordotosofs	enricoli .			Angie	Ноша	rd S			abed :	ahove	
	F DEATH Enter only one			14 01	221620	11040		and do			INTERVAL BI	EYWEEN
	EATH WAS CAUSED BY	1300		1	010	-					ONSET AND	DEATH
1	IMMEDIATE CAUSE (a)		onary_	0	cours	1600	<u> </u>				much	465
	DUE TO		•									
Conditions, if a	400											
(a), stoting the	NI DITE TO											
sausa lost.) (c)											
PART II. OT	HER SIGNIFICANT COND	TIONS CONTRI	BUTING TO DEATH BU	л нот і	RELATED TO TH	HE TERMIN	AL DISEASE	CONDITION	GIVEN IN	4 PART 3(a)	19. WAS	ORMED?
3											YES 🔲	но 🛅
20m. EXTERNAL	CAUSE WAS	20b. DESCRIBE	HOW INJURY OCCUR	RED. [Er	oter noture of i	njury in Pa	et I or Pert II	of Item 18.)				
. 1												
20c. TIME OF II					OF INJURY (H			ty or town)		(County)		(Stote)
Hour e.i		While of work	Not While	raciony	, meon, omes	orage, area,	1					
	that I took charge	of the remain	s described above	, held	an Autopsy	/	Inspection	X In	quiry [), ar	nd in my	opinion
death resulte	d from: Natural c	Buses Z	Accident .	Suicide	Ho	micide	7. Ui	ndetermine	d manne	er 🗍		
					CHIEF A	AEDICAL E	— Xaminer [7				
ACTUAL	1122	aut	2		ASSIST	ANT MEDI	CAL EXAMII	MER [7]			DATE SI	GNED
SIGNATURE		MAN	7		M.D. OEPUTY	MEDICAL	EXAMINER	X	11/	3/66		
EXAMINER'S NAME (Type)	C. G. Rav	ley. M.	D.				ity, lown, or		Crisi	field	, Md.	
22s. BURIAL, CREMA	TION, 226. DATE THER	OF 22	. NAME OF CEMETER	Y OR C				ATION (City,	lown, or e	ounty)	(SH	eta)
Burial	Nov. 3. 1	966 5	Sunnyridge	Ceme	etery		Crisf	ield.	Md.			
23. FUNERAL DIREC			ADDRESS		-	24a. REC'		TRAR 24b.		AR'S SIGN	ATURE	
Bradshaw &	Sons, Crist	rield. N	/d.			DATE N	יה עחו	1966	3 20	Mean	les Jus	dal
	, , , , , , , , , , , , , , , , , , , ,					MALE TI	LL L		4		1	4

VR AISME 5M 1/63



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16208 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived it institution. Residence before odmission. o COUNTY o STATE b. COUNTY 2, and 3 to PM3. Page of Somerset Maryland Somerset death. MARYLAND deloy b CITY OR TOWN (If outside corporate imits c CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) C LENGTH OF STAY IN TO write RURAL and give nearest tawn) after (Dames warter Dames Quarter e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hosp to, give street oddress) d STREET ADDRESS alang with farm within 72 hours YES NO R.D. after death 3 NAME OF First Midd e Last 4 DATE Month DECEASED OF 1966 SARAH TI/ITLY LYNCH November (Type or print) DEATH S SEX 8 DATE OF BRIT 9 AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARR ED last birthday) Doys Hours Feb. 25.1905 Female T ite WIDOWED DIVORCED 24 hours event IDd USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 B RIHPLACE (State or foreign country) 2 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any Shirt Factory Salisbury, Marylanô 14. MOTHER'S MAIDEN NAME Charator USA pades d "pending" in pencul ur Chief Medical Examiner 13 FATHER'S NAME be executed within Ξ Annie Warren George Thomas Parker Fi e and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 MFORMANI via Lynch (husbandoress (Yes, no or unknown) (fiyes give wor or dates of service remayal 218-16-627 Dames warter Landund INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-trans,t PART I DEATH WAS CAUSED BY ONSET AND DEATH Laute milmanaur adone 5 -MMEDIATE CAUSE (0) This certificate whay d the ward burial, crematian, DUE TO Conditions, if ony, which gave te, writing the farwarded to t nse to immediate couse (a) DUE TO stating the underlying cause Arturiosel rotic heart diser lost PART II OTHER SIGN F CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY CERTEFICATION PERFORMED? ni.etes NO prior to Pe should be 20g FXTERNAL CAUSE WAS 20b DESCRIBE HOW MULRY OCCURRED (Enter noture of injury in Port | or Port || of item 18) 3 shaufd PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d. IN.LRY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (State) foctory, street, office bldg , etc) While Not While of work of work its designated 2). I certify that I took charge of the remains described above, held an Autopsy Inspection [3] Inquiry 🔝 and in my opinion death resulted from: Accident Undetermined manner

may be retained far your FUNERAL DIRECTOR: Page the funeral director. Health ar i 500

Dr. J. C. Sutter, Dames whatton's .. d.

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

Homicide

DEPUTY MEDICAL EXAMINER ---Address (Street, city, town, or county).

23d LOCAT ON (City or Town)

22. DATE SIGNED

23b. DATE THEREOF REMOVAL (Specify) Springhill memory Gardens Salishur 24. FUNERAL DIRECTOR

HOLLOMAY & COMPANY, SALISBURY, MARYLAND

Natural causes ---

Suicide

23c. NAME OF CEMETERY OR CREMATORY

2So REC'D BY REGISTRAR

256 REGISTRAR'S SIGNATURE Milarles

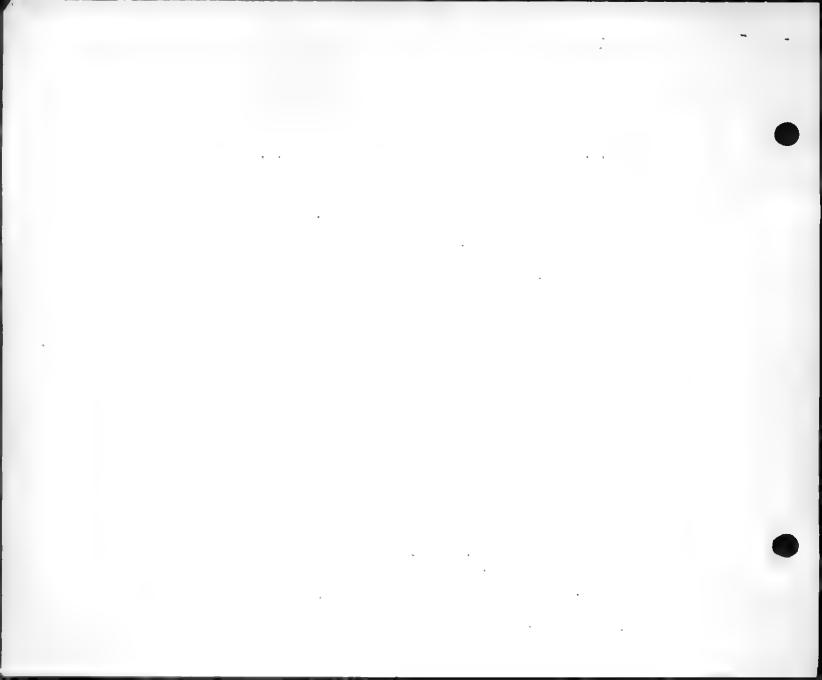
VR A15ME (5) 6M 1/66

SIGNATURE

EXAMINER'S C

NAME (Type)

23a BURIAL CREMATION



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending-physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removely and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

1 13

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16208

1.	a. COUNTY	omenset	- MARYLAND	a. STATE MC	CE (Where deceased lived, If b. Co	Institution: Residence before admission) OUNTY SOMEL BOT
	b. CITY OR TOWN (if our write RURAL and give Mar 10	e nearest town)	c. LENGTH OF STAY IN 1b	Box 219	outside corporate limits,	write RURAL and give nearest town)
	d. NAME OF HOSPITAL O	OR INSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS Marion	nd .	e. IS RESIDENCE ON A FARM?
						YES NO D
3.	NAME DF DECEASED	First	Middle	Last	DF	onth Day Year
-	(Type or print)	Queen		Martin	DEATH 1	21 1966
	. ошетте Ие	OR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED	Aug. 15 I	904 Sast birthda	
10a dur	. USUAL OCCUPATION (GIV Ing most of working life,	e kind of work done 10b. KIN even If retired) INC	ID OF BUSINESS OR DUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign cour	ntry) 12, CITIZEN OF WHAT COUNTRY?
	House Wil	9		Kingston	Ma.	U.S.
13.	FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME	
	William	K. Ballard		Cecle K	eaden	
15. (Ye	. WAS DECEASED EVER IN I s, no, or unkown) (If yes pi	U.S. ARMED FORCES? 16. S ive war or dates of service)	OCIAL SECURITYNO. 17.	INFORMANT		iress
	no	218	3-16-5477A	Спаттов	Martin	
	18. CAUSE OF DEATH	Enter only one cause per lin	e for (a), (b), and (c).]	^	10	INTERVAL BETWEEN
	PART 1, DEATH WA	S CAUSED BY: DIATE CAUSE (a)	in Selvale	is flent and	le Green 4	ONSET AND DEATH
	7 ×	DUE TO A				
	Conditions, if any, wh	ich) of line	& Dex male	tes Claves	negrocald	Levo
Ш	gave rise to immedicause (a), stating	D.1.0 TA		^		~
_	underlying cause last.	(c) arte	utis Erpn	as greene ar	la Itues	Hus
CERTIFICATION	PARTII. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT REL	ATED TO THE TERMINAL I	DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
R 6	20a. ACCIDENT WAS UN OR CONTRIBUTING ☐ C (IF EITHER, NOTIFY ME	DERLYING 20b. DE AUSE OF DEATH DICAL EXAMINER)	SCRIBE HOW INJURY OCC	JRRED. (Enter nature o	finjury in Part 1 or Part 1	I of (tem 18.)
MEDICAL	20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year 20d. 1NJ While 19 at work		ACE OF INJURY (Home, fa ory, street, office bldg., e		(County) (State)
	21. I certify that	(I) (this hospital) attended	the deceased from	(au. 1 1	965 to 1/21	, 19 66, that (I) (we) last
	saw the deceased	alive on// 20	1960_, and tha			es and on the date stated above.
	22a. SIGNATURE	11				22b. DATE SIGNED
	170	muse bluells	W.		MED. DIRECTOR PHYS. [
	22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS		
23a	BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (CITY	, town or county) (State)
	REMOVAL (Specify)	11/24/66	Waters		Kingston	Ma.
24.	FUNERAL DIRECTOR		ADDRESS	25a. RE	C'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
	Anthony	E. Ward Cri	STield Md.	DANO\	1 2 8 1958 A	Charles Judge.

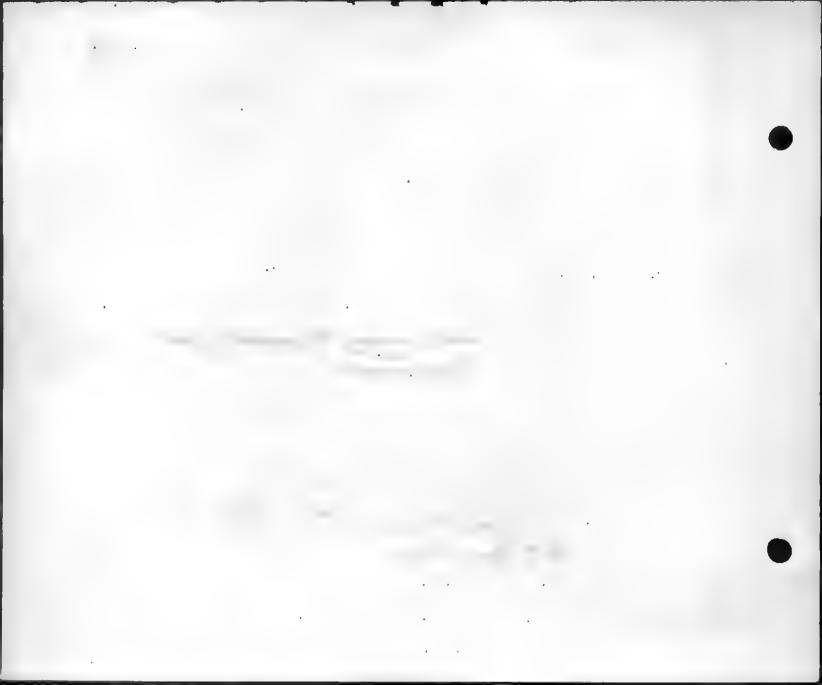
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VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15210 CERTIFICATE OF DEATH 16209

1. PLACE OF DEAT	H			1	2. USUAL RESIDE	NGE (Whe	re deceas	ed lived, If ins	titution: Res	idence l	efore admis	sion)
a. CDUNTY	Somerset	,	MARYLAN	ın	- OTATE	ryla		b. COUN	TY _	erse		
b. CITY DR TDW	/N (if outside corpora and give nearest to	te limits,	c. LENGTH OF STAY IN		c. CITY OR TOWN			ate limits, wri	te RURAL a	nd give	nearest to	(nwc
WITTE KUKAL	Crisfiel		Adult life		Cı	risfi	eld			19.	/	
d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not In I	hospital, give street addr	ess)	d. STREET ADDRES	SS				8.	IS RESIDE	NCE
	RFD #1				R	FD #1				YE	S X ND	
3. NAME OF OECEASED		irst	Middle		Last	0	ATE	Month		Day	Year	
(Type or print)	ADI	DIE	Ε.		NELSON	0		Novembe		2	19 66	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	_	. DATE OF BIRTH	-	9. A	GE (In years ast birthday)				HRS.
Female	White	WIDDWED		JJ	une 9, 180	_	68	yrs.				
10a. USUAL DCCUPAT during most of work	FIDN (Give kind of work ling life, even if retire	done 10b.	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE	(County &	State, or	fereign country) 12. CIT	IZEN O INTRY?	FWHAT	
Housewife	`		None		Virginia				US	A		
13. FATHER'S NAM	IE .				14. MOTHER'S M							
William L	. Evans				Victoria	a Col	е					
15. WAS DECEASED	EVER IN U.S. ARMED FI	ORCES? 16	SDCIAL SECURITY NO.	17.	INFORMANT			Addres	S			
No	None		1	Mis	s Nancy St	ue Nei	lson	, Same	as 2.	abo	:d	
18. CAUSE OF	OEATH [Enter only or	e cause per	line for (a), (b), and (c).]		2						VAL BETWI	
PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) We	nte mason	ine.	Mysto	, list	In	harte	for a	2	11/1/	
	DUE		1				/	7		MX	OWA	1
Genditions, If	any, which	(b) 4	treeten	an	H					12	YEA	RS
gave rise to		т0	0									
underlying cau		(c)										
PART II. OTHER	SIGNIFICANT CONDITI		BUTING TO DEATH BUT NOT	RELA	TED TO THE TERMINA	L DISEASE	CONDIT	ION GIVEN IN	PART 1(a)	119.	WAS AUTD	PSY D?
ICAT										YES		
PART II. OTHER 20a. ACCIDENT DR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING TING CAUSE OF DEATH	TH 20b.	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature	of Injury	in Part	l or Part II o	f Item 18.)			
			WILLDY COOLINGED LOS	D4 = 6	E OF INJURY (Home	form I o	05 (01	ty or town)	(Coun	és és	(Stat	n\
Hour a.	-	While	Not While	factor	y, street, office bldg		:O1. (G1	ty or town;	(GODII	(I)	(3181	,
			ded the deceased from	7	Thin	1954	. to_	nv. 2	19 //	a tha	t (I) (we)	last
	ceased alive on(death/occurred a		4 ·v—					
22a, SIGNATU			Market and	LIIGL			11, 110111	INC GADOCO	22b. DA			
	d. 2.	Ban	, m.D.	M.D.	ATTENDING PHYS.	MED.	OR 🔲	STAFF PHYS.	11/	7/0	66 .	
22c. PHYSICI NAME (1					22d. ADDRESS			2 2 262		1		
, Asine ()	A. N.	Barr,	M. D.			Uri	sile	ld, Md.				
23a. BURIAL, CREI REMOVAL (Sp	MATION, 23b. DATE		23c. NAME OF CEME		+			TION (City, to		ity)	(State	:)
Burial	Nov.	5 , 1 966		s				ield, M				
24. FUNERAL DIR			ADDRESS					RAR 25b. RI	EGISTRAR'S			
Bradshaw	& Sons, Cri	sfield	l, Md.		DATE	10V 1	4 18	366 Y	nare	TO X	7	
								-		1	all.	



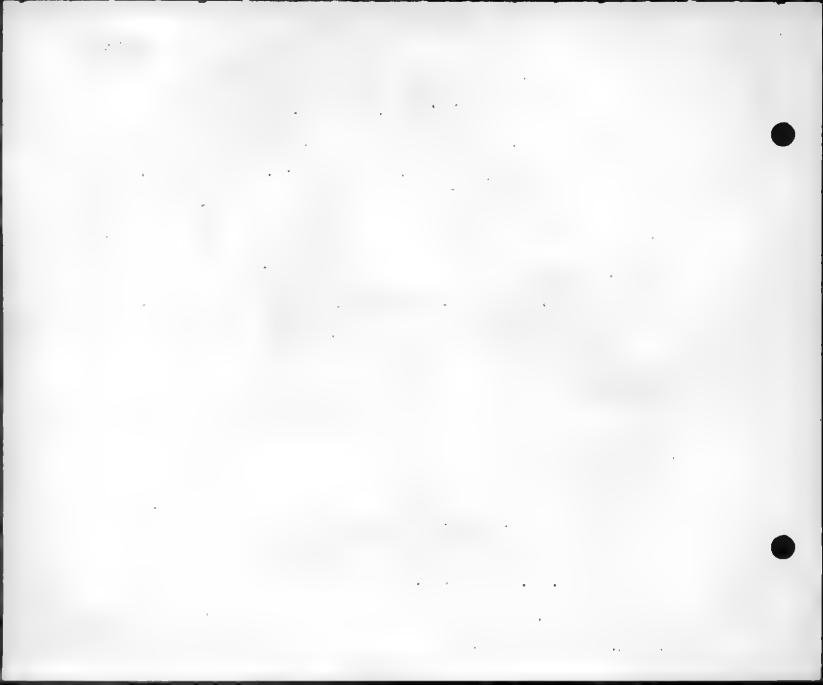
THE WISPITAL IN STITEMENT PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pressed remove carbon papers. Pages, 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal and event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10211 CERTIF	TICATE OF DEATH 16910
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Somerset	a. STATE Mar, land b. county Sonerset
b. CITY OR TOWN (if outside corporate limits, write RURAL and give gearest town) Life // /////	AY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street	address) d. STREET ADDRESS (e. IS RESIDENCE
McCready Memorial Hospital	Old State Road ON A FARM?
3. NAME OF First Middle (Type or print) William R	Nelson 4. DATE Month Day Year 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	ED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Isst birthday) Months Days Hours Min.
Male White WIDOWED DIVORCE	ED Ct 20, 1873 93 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS Oduring most of working life, even if retired) INDUSTRY	
Clerk Railroad	Crisfield, Md. USA USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John K. Nelson	Frances Davy
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYN (Yes, no, or unknown) ((If yes give war or dates of service)	
(Yes, no, or unkown) (If yes give war or dates of service) 717-07-9188	Mrs. Lillian Nelson, Same as 2. abcd above
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	lized Anter a Clevesia UNSEI AND DEATH
45 00 DUE TO	J
Conditions, If any, which gave rise to immediate (b)	
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 203. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUDENCE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUST OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. P.m. 19 at work at work	factory, street, office bldg., etc.)
21. I certify that (I) (this hospital), attended the deceased	from / [1] 2 5 , 1966, to 11 1 5 , 1966, that (1) (we) last
	and that death occurred at 12: M. from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Saul M. Pegte	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (1998) S. M. Peyton, M.D.	Crisfield, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF C REMOVAL (Specify) Nov. 17, 1966 Sunnyridg	e Cemetery Crisfield. Md. (State)
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Bradshaw & Sons, Crisfield, Md.	DATE NOV 18 1956 filianles Judge

VR / 20M 5 (4) 1/65 £15



certifican

E 1802		16212 CERTIFICAT	TE OF DEATH 16211	
e funeral Fand 2 er death.	1.	PLACE OF DEATH a. COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (Where deceased lived, it institution: R a. STATE Maryland b. COUNTY	esidence before admission) Somerset
hours after of in by the furs. Pages 1-2 hours after of		b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) Life 7/////	c. CITY DR TOWN (If outside corporate limits, write RURAL Crisfield	and give nearest town)
filled filled paper in 72	7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address; McCready Memorial Hospital	d. STREET ADDRESS Sackertown Road	e. IS RESIDENCE ON A FARM? YES NO X
ted within completely ve carbon event, with	3.	(Type or print) Pauline (Lena)	Wilson 4. DAYE Month NOT.	14 19 66
and emo	1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Female White WIDOWED DIVORCED	8. DATE OF BIRTH July 23, 1880 9. AGE (in years Funder last birthday) Months yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
a le		a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) Housewife None	Crisfield, Md. US	TIZEN OF WHAT DUNTRY? A
lova lova	(George B. Maddrix	Mary A. Sterling	
death cert ne attendin permit. Th	CY	es, no, or unknown) ((If yes give war or dates of service)	INFORMANT Address E. Wilson, Maryland Ave., Cri	sfield, Md.
that the death cysician. gred by the attential-transit permit. ial, cremation, or r		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) My occurrence IMMEDIATE CAUSE (a)	Infanct. E	INTERVAL BETWEEN DNSET AND DEATH
ires phy phy bur bur		Conditions, if any, which gave rise to immediate (6) August 4 onise	n- 4	
tending tas beer as the prior to	N	cause (a), stating the underlying cause last, (c) Directes V. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	nellitus.	Lab Was all Topov
Elan: The I ospital or at certificate I ted for use to Health	CERTIFICATION			19. WAS AUTOPSY PERFORMED? YES NO
FHYSIGIAN: the hospita this certifi detached fo e Dept. of H		(IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)
JING PHY d by the After thi d be deta State De	MEDICAL	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE DF INJURY (Home, farm, 20f. (City or town) (Cou ory, street, office bldg., etc.)	nty) (State)
rtenti rtained TOR: A should th the 3		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on Nov. 11. 19.66, and that	7/20 , 1966, to 11/14 , 196 at death occurred ato: 3.0M, from the causes and on the	6, that (I) (we) last ne date stated above.
y be re DIREC age 3 s		22a. SIGNATURE R. C. Rewlm an In. M.	D. PHYS. MED. STAFF 226. D/	ATE SIGNED
TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		NAME (Type) H. C. Kaufman	Cristield, Maryland	
Pag Pag TO Fu dire shou		rial Nov. 16, 1966 Sunnyridge Ce	emetery Crisfield, Md.	
VR A15 (4)		a funeral Director ADDRESS radshaw & Sons, Crisfield, Md.	252. REC'D BY REGISTRAR 255. REGISTRAR NOV 18 1966 gclu	s signature

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Market State of the State of th

A CONTRACT OF THE PROPERTY OF

Myselven and the second of the

Market Market

N. C. Jean James Land

direction of the same of water and of

FOR STATE HEALTH DEPT

Department after death. EXAMINER: This certificate should be executed within 24 hours after death. If any delay certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to-ould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page State hours the 2 with within 1 and 1 See 7 File permit. F burial-transit Ø used as to burial, 0.0 should I 3 shoul agent, CTOR: Page designated 4 should t FUNERAL DIRECTOR: I Health or its design VOUL please execute director. Page for director. retained 10 To

VR AISME (5)

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH a. CDUNTY

USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) b. COUNTY Somerset

b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYI AND C. CITY DR TOWN (If outside corporate limits, write KURAL and give nearest town) c. LENGTH OF STAY IN 1b Eden 2mo Eden d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS NAME OF First Middle Last DATE Month 4. DECEASED Petula Wright (Type or print) DEATH 6. COLOR OR RACE AGE (In years LIF UNDER 1 YEAR IIF UNDER 24 HRS. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdey) C WIDOWED DIVDRCED 10a, USUAL OCCUPATION (Give kind of work dane | 10b. KIND OF BUSINESS OR during most of working life, even if retired) | INDUSTRY 11. BIRTHPLACE (State or foreign country) Eden 13. FATHER'S NAME MOTHER'S MAIDEN NAME Sadie Christophey Marion Wright 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (11 yes pive war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Marion Wright 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Interstitial pnoumonitis sudden death in infancy) Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While While 19 et work L at work 21. I certify that a took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER 11-30-66 Somerset **EXAMINER'S** SutterMD C. Everett NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) REC'D BY REGISTRAR'S SIGNATURE 1966

James Jr. Princess

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DATE

e. IS RESIDENCE DN A FARM?

1966

INTERVAL DETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

and in my opinion

22. DATE SIGNED

(State)

NO N

(State)

3days

YES

(County)

Charles

28

Months

8Ked

USA

12. CITIZEN OF WHAT COUNTRY?

ND T

5M 1/65

TESSES INCOME SERVICE CONTRACTOR See a se 0119 4 of the l 1989 THE STATE OF THE S · Management Extra consults - (telefied (if "sept delible) Twiston D Stocut ALLS TOWARD COMMENT DAILY